

**REVOCATION OF POWER OF
ATTORNEY/POWER OF
ATTORNEY OR
AUTHORIZATION OF AGENT**

Address to:

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Attorney Docket	032441.00141
First Named Inventor	BARNETT
Application Number	10/571,882
Filing Date	December 12, 2006
Group Art Unit	TBA
Confirmation No.	TBA
Examiner Name	TBA

Title: COMBINATION APPROACHES FOR GENERATING
IMMUNE RESPONSES

I hereby revoke all previous powers of attorney or authorizations of agent given in the above-identified application and hereby appoint Practitioners named below:

Customer No. 22907

as its attorney(s) or agent(s) to prosecute the application identified above, to prepare and file amendments, to inspect and make copies thereof and of any papers in any appellate or *inter partes* proceedings in which the Application may be or become involved, and generally to conduct all business in the United States Patent and Trademark Office relating to the prosecution of the application or any application that claims priority from this application.



Please change the correspondence address for the above-identified application to:

Customer No. 22907

STATEMENT UNDER 37 CFR § 3.73(b)

In accordance with 37 CFR §3.73(b) I hereby certify that I am empowered to act on behalf of the Assignee of the above-identified patent application. The Assignment was recorded with the U.S. Patent Office on May 18, 2005 at Reel 016252, Frame 0905, or a copy of the assignment is enclosed herewith.

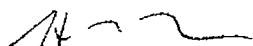
I declare that these statements are made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Title 18, United States Code §1001 and that such willful false statements may jeopardize the validity of the above referenced application or any patent resulting from that application.

I am the:

____ Applicant; or
 X Assignee of record of the entire interest
____ Attorney of record

SIGNATURE of Applicant, Assignee or Attorney of Record

Signature



Name

Helen Lee

Title

Assistant Secretary, Novartis Vaccines and Diagnostics, Inc.

Date

12 November 2008

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**REVOCATION OF POWER OF
ATTORNEY WITH
NEW POWER OF ATTORNEY
AND
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/571,882
Filing Date	December 12, 2006
First Named Inventor	BARNETT
Art Unit	TBA
Examiner Name	TBA
Attorney Docket Number	032441.00141

I hereby revoke all previous powers of attorney given in the above-identified application:☐ A Power of Attorney is submitted herewith.**OR**☒ I hereby appoint the practitioners associated with the Customer Number: **22907**☐ Please change the correspondence address for the above-identified application to:☒ The address associated with Customer Number: **22907****OR**☐ Firm or
Individual Name

Address

Address

City

Country

State

ZIP

Telephone

Fax

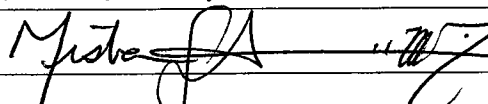
I am the:

☐ Applicant/Inventor.☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Name

MICHAEL SHMILOVICH

Signature


 17 Nov 2008

Date

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☐ *Total of 2 forms are submitted.

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.